


ORDER FOR SUPPLIES OR SERVICES (Contractor must submit four copies of invoice.)						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997		PAGE 1 OF 5					
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.													
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.													
1. CONTRACT/PURCH ORDER NO. N00383-02-G-003H			2. DELIVERY ORDER NO. UBBN		3. DATE OF ORDER (YYMMDD) 2004 APR 26		4. REQUISITION/PURCH REQUEST NO. YPE04096000718		5. PRIORITY DOA7				
6. ISSUED BY CODE SP0900 Defense Supply Center Columbus 3990 E.Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PCCPAGQ (614)692-7876 / FAX: (614)692-6915 E-mail: Sharon.Munday@dla.mil				7. ADMINISTERED BY (If other than 6) CODE S0513A DCMA SANTA ANA ROOM 813A 34 CIVIC CENTER PLAZA SANTA ANA CA 92701-4056 CRITICALITY: B				8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)					
9. CONTRACTOR CODE 59211 PARKER HANNIFIN CUSTOMER SUPPORT IN 14300 ALTON PRKY IRVINNE CA 92618 Vendor's Copy was sent EDI. Do not Duplicate shipment.				FACILITY CODE		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 180 DAYS ADO		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED					
NAME AND ADDRESS				12. DISCOUNT TERMS NET 30 days		13. MAIL INVOICES TO See Block 15							
14. SHIP TO CODE See Schedule - Do Not Ship to Address in Block 6				15. PAYMENT WILL BE MADE BY CODE HQ0339 HQ0339 DFAS COLUMBUS CENTER WEST ENTITLEMENT OPERATIONS P O BOX 182381 COLUMBUS OH 43218-2381 EFT: T				MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER					
16. TYPE OF ORDER DELIVERY <input checked="" type="checkbox"/> PURCHASE <input type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. Reference your offer dated 2004 APR 23, M2004033495 and furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.													
NAME OF CONTRACTOR _____ SIGNATURE _____ TYPED NAME AND TITLE _____ DATE SIGNED (YYMMDD) _____ <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:													
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE EG: 97X4930 5CE0 001 26.0 S33150													
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE				20. QUANTITY ORDERED/ACCEPTED*		21. UNIT		22. UNIT PRICE		23. AMOUNT	
		Remarks: ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.				TOTAL: 6							
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.						24. UNITED STATES OF AMERICA Kenton Smith BY: 		PCCPBAR		25. TOTAL \$ 825.24			
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____						28. D.O. VOUCHER NO.		CONTRACTING/ORDERING OFFICER		29. DIFFERENCE			
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____						31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		32. PAID BY		30. INITIALS			
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		33. AMOUNT VERIFIED CORRECT FOR			
										34. CHECK NUMBER			
										35. BILL OF LADING NO.			
										42. S/R VOUCHER NO.			

CONTINUATION SHEET

Order Number:

N00383-02-G-003H-UBBN

PAGE OF PAGES

2

5

Supplies and Packaging - Inspection and Acceptance Address:
26055

PARKER HANNIFIN CORPORATION
DIV ELECTRONIC SYSTEMS DIVISION
300 MARCUS BOULEVARD
SMITHTOWN NY 11787

Admin Office for Supplies and Packaging:
S3309A

S3309A CMDR DCMC LONG ISLAND

605 STEWART AVE
GARDEN CITY LI NY 11530-4761

ALL TERMS AND CONDITIONS OF THE BASIC ORDERING AGREEMENT APPLY.

F.O.B./INSPECTION AND ACCEPTANCE AT ORIGIN: CAGE 26055.

QUANTITY VARIANCE: +/- 0%.

CONTINUATION SHEET

Order Number:

N00383-02-G-003H-UBBN

PAGE OF PAGES

3

5

SECTION B

PR YPE04096000718
NSN 5999-01-302-5822

ITEM DESCRIPTION:

SHIELDING GASKET,EL

NO DATA IS AVAILABLE. THE ALTERNATE OFFEROR IS
REQUIRED TO PROVIDE A COMPLETE DATA PACKAGE
INCLUDING DATA FOR THE APPROVED AND ALTERNATE
PART FOR EVALUATION.

CRITICAL APPLICATION ITEM

PARKER HANNIFIN CORPORATION (26055) P/N 658-112-001

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
2001	YPE04096000718	0001	6	EA	\$137.54000	\$825.24

QTY VARIANCE: PLUS 0% MINUS 0%
INSPECTION POINT: ORIGIN
ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

ALL REFERENCES TO MIL-STD-130 AND MIL-STD-129 SHALL MEAN REVISIONS "K" AND
"N" RESPECTIVELY, NOTWITHSTANDING THE CITING OF OTHER SPECIFIC REVIOION
LETTERS OR TIME FRAMES.

DELIVER FOB: ORIGIN BY: 2004 OCT 23

PARCEL POST ADDRESS:

W25G1U
XU TRANSPORTATION OFFICER
DDSP NEW CUMBERLAND FACILITY
BUILDING MISSION DOOR 113 134
NEW CUMBERLAND PA 17070-5001

CONTINUED ON NEXT PAGE

SECTION B

FREIGHT SHIPPING ADDRESS:

W25G1U
TRANSPORTATION OFFICER
DDSP NEW CUMBERLAND FACILITY
BUILDING MISSION DOOR 113-134
NEW CUMBERLAND PA 17070-5001

NON-MILSTRIP
PROJ

* * * * *

REMIT PAYMENT TO:

* * * * *

CONTINUED ON NEXT PAGE

CONTINUATION SHEET		Order Number: N00383-02-G-003H-UBBN	PAGE 5	OF PAGES 5
A04D01	52.204-9C06 DSCC MASTER SOLICITATION STATEMENT	<div style="float: right; text-align: right;">(Vendor Fill-in)</div> <p>Full text of all DLAD/DSCC clauses listed within this individual solicitation are contained in the DSCC Master Solicitation, current version found at http://DIBBS.dscc.dla.mil/refs/provclauses. Also, the full text of FAR/DFARS clauses incorporated by reference may be accessed electronically at http://www.dla.mil/j-3/j-336/icps.htm. The clauses/provisions incorporated by reference have the same force and effect as if they were in full text; however, those having no bearing on the instant acquisition become self-deleting. In the event of an inconsistency between the Master Solicitation and the individual solicitation/award, the provision of the individual solicitation/award shall govern.</p>		
A04D02	52.204-9C07 PAYMENT BY ELECTRONIC FUNDS TRANSFER (EFT) - CENTRAL CONTRACTOR REGISTRATION (CCR) DSCC:	<div style="float: right; text-align: right;">(Vendor Fill-in)</div> <p>Unless otherwise stated in the remarks section of this contract/order, the payment information contained in the CCR has precedence over any other payment information that may be printed in the Remittance Address field of this contract/order.</p>		
SECTION B		<div style="float: right; text-align: right;">(Vendor Fill-in)</div> <p>Basic Ordering Agreement or Contract Effective Dates 01/16/03 through 01/15/06.</p> <p>() Price List No. _____ dated **/**/**.</p> <p>(X) Quote/Ref. No. M2004033495 dated 04/23/04.</p> <p>() FOB Origin - Clin(s) _____</p> <p>(X) FOB Origin Shipping Point: SMITHTOWN, NY 11787</p> <p>() FOB Destination - Clin(s) _____</p> <p>() PAS Serial No. _____</p> <p>() NIB/NISH Allocation No. _____</p> <p>(X) Firm Fixed Price</p> <p>() Firm Fixed Price w/EPA</p>		
SECTION D		<div style="float: right; text-align: right;">(Vendor Fill-in)</div> <p>D11D01 52.211-9C01 PALLETIZATION REQUIREMENTS (OCT 2002) DSCC</p>		
SECTION E		<div style="float: right; text-align: right;">(Vendor Fill-in)</div> <p>E46A02 52.246-2 INSPECTION OF SUPPLIES--FIXED-PRICE (AUG 1996) FAR</p> <p>E46A17 52.246-15 CERTIFICATE OF CONFORMANCE (APR 1984) FAR</p> <p>E46B01 252.246-7000 MATERIAL INSPECTION AND RECEIVING REPORT (MAR 2003) DFARS</p> <p>E46C03 52.246-9004 PRODUCT VERIFICATION TESTING (JUN 1998) DLAD</p> <p>E46D01 52.246-9C01 INSPECTION AT ORIGIN (JUN 2001) DSCC</p> <p>(c) Inspection Points:</p> <p>SUPPLIES () (Vendor Fill-in) Same as Offeror Applicable to CLIN(s): _____ (Vendor Fill-in)</p> <p>(X) (Vendor Fill-in) Other (CAGE, Name, Street Address, City, State and Zip Code) _____</p> <p>26055, PARKER HANNIFIN CORPORATION (Vendor Fill-in)</p> <p>300 MARCUS BOULEVARD, SMITHTOWN, NY (Vendor Fill-in)</p> <p>11787 (Vendor Fill-in)</p> <p>Applicable to CLIN(s): _____</p>		
SECTION F		<div style="float: right; text-align: right;">(Vendor Fill-in)</div> <p>F47A01 52.247-29 F.O.B ORIGIN (JUN 1988) FAR</p> <p>F47D01 52.247-9C02 SHIPPING INSTRUCTIONS (DOMESTIC) (MAY 2002) DSCC</p>		
SECTION I		<div style="float: right; text-align: right;">(Vendor Fill-in)</div> <p>I04B04 252.204-7004 ALTERNATE A (NOV 2003) DFARS</p> <p>I32B02 252.232-7003 ELECTRONIC SUBMISSION OF PAYMENT REQUESTS (JAN 2004) DFARS</p> <p>I39C01 52.239-9000 Y2K COMPLIANCE NOTICE (JUN 2002) DLAD</p>		